## PATENT APPLICATION FEE DETERMINATION RECORD

December 8, 2004

Application or Docket Number

| 0 | / | 5   | 3 | 8 | 5 | 4 | 4 |
|---|---|-----|---|---|---|---|---|
|   | • | ~ • | _ | ` |   | _ | - |

| CLAIMS AS FILED - PART I   |  |   |  |   |  | SMALL ENTITY |                     | 00                     | OTHER THAN                 |                     |                        |
|--|--|---|--|---|--|--------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
|  |  | (Column 1)                                |  | (Cotumn 2)                                |  | TYPE         |                     | OR<br>¬                | SMALL ENTITY               |                     |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |   |  |              | RATE                | FEE                    |                            | RATE                | FEE                    |
| BÁSIC FEE  |  |   | SMALL ENT. = \$ 150  |   | LARGE ENT. = \$ 300                    |              | BASIC FEE           |                        | OR                         | BASIC FEE           | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100              |   | All other situations = \$ 100 / \$ 200 |              | EXAM. FEE           |                        |                            | EXAM. FEE           | ZW                     |
| SEARCH FEE   |  |   | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |   | All other situations = \$ 250 / \$ 500 |              | SEARCH FEE          |                        |                            | SEARCH FEE          | 450                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |   | / 50 =                                 |              | X \$ 125 =          | ŧ.                     | ]:                         | X \$ 250 =          | \                      |
| TOTAL CHARGEABLE CLAIMS  |  |   | 25 minus 20 =  |   | .5                                     |              | X \$ 25 =           |                        | ÖR                         | X \$ 50 =           | JSV                    |
| INDEPENDENT CLAIMS   |  |   | minus 3 =  |   |  |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |  |   |  | + \$ 180 =   |                     | OR                     | + \$ 360 =                 |                     |                        |
| • If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |   | _ `                                    | TOTAL        |                     | OR                     | TOTAL                      |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |  |   |  | SMALL ENTITY |                     | OR                     | OTHER THAN<br>SMALL ENTITY |                     |                        |
| ft A   | 17/20 16-10-05                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FOI  | R PRESENT                              |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT A  | Total  | . 23                                      | Minus  | 25  | 1                                      | 7            | X \$ 25 =           | •                      | OR                         | X \$ 50 =           |                        |
|  | Independent                                    | • 4                                       | Minus  | - 4                                       | - 0                                    | ] [          | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |  |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|  | -  |   |  |   | ,                                      |              | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                                |  | (Column :                                 | 2) (Column 3)                          |              |                     |                        |                            |                     |                        |
| 47 B   |  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR | PRESENT<br>LY EXTRA                    |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| 0 1  | Total  | •   | Minus **   |   | =                                      | $\prod$      | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| AMEN   | Independent                                    | •.  | Minus  | •   | <b>a</b> ·                             | 1 [          | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|  | FIRST PRES                                     | ENTATION OF M                             | ULTIPLE DEPEND   | DENT CLA                                  | IM 🔲                                   | ]            | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|  |  |   |  |   |  | _ •          | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|  |  |   |  |   |  |              |                     |                        |                            |                     | .                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |  |   |  |              |                     |                        |                            |                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". |  |   |  |   |  |              |                     |                        |                            |                     |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |  |   |  |   |  |              |                     |                        |                            |                     |                        |